

Expected Practices

Specialty: Hematology

Subject: Initial Evaluation of Anemia in Adults

Date: March 10, 2014

Purpose: Initial Evaluation of Anemia in Adults

Target Audience: Primary Care Providers

Expected Practice:

Anemia can result from multiple etiologies. Anemia may also be multifactorial which may render the MCV normal in a mixed picture. Anemia can also result from suppression of erythropoiesis from infections or inflammatory states.

According to the descriptions below, please provide recent lab results (< 1 month) in your request to the specialist. If there are tests described that are not available at your location, please note this in your dialogue with the eConsult specialist.

All Cases:

- Reticulocyte count, bilirubin total & direct & LDH

Low MCV (excluding iron deficiency – normal RDW, normal iron stores):

- Work up to exclude chronic disease
- Serum iron, TIBC, ferritin
- If no chronic disease identified, continue evaluation with:
 - o Hemoglobin Electrophoresis with levels of hemoglobin A2 and F

Normal MCV:

- Labs: creatinine, TSH, CRP, SPEP with immunofixation, ESR, direct antiglobulin test (direct Coombs)

This Expected Practice was developed by a DHS Specialty-Primary Care Work Group to fulfill the DHS mission to ensure access to high-quality, patient-centered, and cost-effective health care. SPC Work Groups, composed of specialist and primary care provider representatives from across LA County DHS, are guided by 1) real-life practice conditions at our facilities, 2) available clinical evidence, and 3) the principle that we must provide equitable care for the entire population that LA County DHS is responsible for, not just those that appear in front of us. It is recognized that in individual situations a provider's clinical judgment may vary from this Expected Practice, but in such cases compelling documentation for the exception should be provided in the medical record.

Elevated MCV:

- Labs: B12, folate, TSH, AST, ALT, Bilirubin (total and direct), protein, albumin, INR, PTT, direct antiglobulin test (direct Coombs)
- Review medications- hydroxyurea, phenytoin, HIV meds

If a treatable cause is identified then management should be by the primary team. If there is an increased reticulocyte count, elevated LDH, bilirubin suspicious for hemolysis, suspected malignancy or unclear diagnosis then please refer for evaluation.